

# Emergency Forest Restoration Program (EFRP)

- Restores Non Industrial Private forestland damaged by a natural disaster



# Eligible Land

Land that is eligible under EFRP includes NIPF land on which all of the following are true:

- Is physically located in a county or portion of a county that has been approved for EFRP
- Has existing tree cover (or had tree cover immediately before the natural disaster and suitable for growing trees)
- Has damage to natural resources caused by a natural disaster that, if not treated, would impair or endanger the natural resources on the land and would materially affect future use of the land

# **Application Process**

- Call County office to arrange a site visit
- Producer applies using (FSA-848)
- County forester evaluates needs
- FSA completes Environmental evaluation
- FSA county Committee reviews and approves
- Producer performs eligible work
- Final bills and documentation of cost submitted
- Payment is made when work is completed

# Example FSA-848

This form is available electronically.

Form Approved - OMB No. 0560-0082

|  |  |   |
|--|--|---|
| <b>FSA-848</b><br>(09-27-10)   | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Farm Service Agency | 1. ST. & CO. Code :<br><br>2. County Office Name, Address and Telephone Number<br><br>Windy County FSA Office<br>Breezy Rd<br>Windytown, NH<br>3. Application Number<br><br>4. Program Code<br>5. Contract ID (if applicable) |
| <b>COST-SHARE REQUEST</b>  |  |   |
| <small>THIS REQUEST is submitted by the undersigned owners, operators, tenants, and/or producers (who individually may be referred to as "the Applicant"). By signing this form, the Applicant agrees to the following: 1) the Applicant is requesting cost-share assistance to perform a practice(s) designed to meet the objectives of the program referenced in Box 5; 2) the Applicant agrees that this practice(s) would not be performed without Federal cost-sharing, and, 3) if cost-sharing is approved for the practice(s) requested, the Applicant agrees to refund all or part of the funds paid to him/her, as determined by the Approving Official, if, before expiration of the lifespan of the specified practice(s), the Applicant (a) destroys the approved practice(s), or (b) voluntarily relinquishes control of or title to, the land on which the approved practice(s) has been established, and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of its life span. The Applicant further agrees that if he or she begins the practice(s) before receiving written approval, he or she may be denied cost-share funding. Further, the Applicant hereby authorizes a representative of USDA to have access to the practice site area(s). Further, the applicant understands that form FSA-848-1 is by reference incorporated herein. BY SIGNING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES RECEIPT OF THE FOLLOWING FORMS: FSA-848 AND ANY ADDENDUM THERETO.</small> |  |   |
| 6. Description of Site and Practice Objectives<br>Knocked down, snapped off trees, approx. 40 acres damaged by Microburst  |  |   |

| EMERGENCY PROGRAMS ONLY  |  |  |  |
|--|--|--|--|
| 7. Disaster Type: <b>High Winds</b>  | 9. Livestock(s) (Select and list amount with units):   |  |  |
| 8. Crop(s) (Select):<br><input type="checkbox"/> Flowers or Bulbs<br><input type="checkbox"/> Seed Crops<br><input type="checkbox"/> Orchards or Vineyards<br><input type="checkbox"/> Vegetables or Fruits<br><input type="checkbox"/> Grain or Row Crops<br><input type="checkbox"/> Hay Forage or Pasture<br><input type="checkbox"/> Field Grown Ornamentals<br><input checked="" type="checkbox"/> Other: | <input type="checkbox"/> Cattle:<br><input type="checkbox"/> Fish:<br><input type="checkbox"/> Swine:<br><input type="checkbox"/> Other animals raised exclusively for commercial food or fiber:<br><input type="checkbox"/> Buffalo/Beefalo:<br><input type="checkbox"/> Goats:<br><input type="checkbox"/> Horses, Mules or Donkeys:<br><input type="checkbox"/> Sheep:<br><input type="checkbox"/> Poultry: |  |  |

| 10. PRACTICES REQUESTED        |                 |                 |                            |                      |                      |                      |                        |                            |  |
|--------------------------------|-----------------|-----------------|----------------------------|----------------------|----------------------|----------------------|------------------------|----------------------------|--|
| A.<br>Farm No.                 | B.<br>Tract No. | C.<br>Field No. | D.<br>Practice Control No. | E.<br>Practice Title | F.<br>Practice Units | G.<br>Practice Acres | H.<br>Extent Requested | I.<br>Requested Cost-Share |  |
| 1                              | 1               |                 | 11_111_2014_0001<br>01 EF7 | EF7                  | Acres                | 40                   | 40                     | 75% of Cost                |  |
|                                |                 |                 |                            |                      |                      |                      |                        |                            |  |
|                                |                 |                 |                            |                      |                      |                      |                        |                            |  |
| J. Total Requested Cost-Share: |                 |                 |                            |                      |                      |                      |                        |                            |  |

| 11. APPLICANT'S REQUEST   |                          |  |  |  |                       |   |                                   |
|---|--------------------------|--|--|--|-----------------------|---|-----------------------------------|
| <small>I (We) request cost-share assistance under the program to meet the objective(s) described above. The practice(s) on this request would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice(s) requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan(s) I, (a) destroy the approved practice(s), or (b) voluntarily relinquish control or title to, the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the lifespan(s). I understand that if I begin the practice before receiving written approval I may be denied funding.</small> |                          |  |  |  |                       |   |                                   |
| A. Applicant's Name, Address and Telephone Number<br>Forest Farmer<br>Woody Lane<br>Woodsville, NH  | B. Percent Share<br>100% | C. Limited Resource<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | D. Beginning Farmer<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | E. Socially Disadvantaged<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | F. Signature (By)<br> | G. Title/Relationship of the Individual if Signing in a Representative Capacity | H. Date (MM-DD-YYYY)<br>11/1/2014 |

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 701, 7 CFR Part 1410, and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0082. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

By signing this form, the Applicant acknowledges and understands that any false representation or claims are subject to civil and criminal penalties including, but not limited to those under 18 U.S.C. 1001.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-6992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

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| 12. APPLICATION INFORMATION         |                 |  |                         |                            |  |                              | EMERGENCY PROGRAMS ONLY                                  |                                       |                                       |                         |
|-------------------------------------|-----------------|--|-------------------------|----------------------------|--|------------------------------|--|---------------------------------------|---------------------------------------|-------------------------|
| A. Program Code                     | B. Program Year | C. ST. & CO. Code                          | D. Hydrologic Unit Code | E. Application Number      | F. Contract ID                                   | G. Disaster ID               |  |                                       |                                       |                         |
| 13. PRACTICES REQUESTED AND NEEDED  |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| A. Farm No.                         | B. Tract No.    | C. Field No.                               | D. Practice Control No. | E. Primary Purpose Code    | F. Practice Units                                | G. Practice Extent Requested | H. Practice Extent Needed                                | I. Requested Cost-Share Rate and Type | J. Requested Cost-Share               |                         |
| 1                                   | 1               |  | 11_111_2014_0001        |                            | Acres  | 40                           |  |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| K. TOTALS:                          |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| 14. COMPONENTS REQUESTED AND NEEDED |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| A. Farm No.                         | B. Tract No.    | C. Field No.                               | D. Practice Control No. | E. Component No.           | F. Component Title                               | G. Component Units           | H. Component Extent Requested                            | I. Component Extent Needed            | J. Requested Cost-Share Rate and Type | K. Requested Cost-Share |
| 1                                   | 1               |  | 11_111_2014_0001-01-EF7 | DRF2                       | Debris Removal from Forestland - Medium          | Acre                         | 40   |                                       | 75% of Cost                           |                         |
| 1                                   | 1               |  | 11_111_2014-0001-01-EF7 | NH-EFFTLA                  | Forest Trails & Landings New Trails Average Site | Acre                         | 0.50   |                                       | 75% of Cost                           |                         |
| 1                                   | 1               |  | 11_111_2014-0001-01-EF7 | CCWE                       | Conservation Cover Wildlife Enhancement          | Acre                         | 2.0  |                                       | 75% of Cost                           |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| 15. TECHNICAL PRACTICES PLANNED     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
| A. Farm No.                         | B. Tract No.    | C. Field No.                               | D. Practice Control No. | E. Technical Practice Code | F. Technical Practice Title                      | G. Technical Practice Units  | H. Technical Practice Cost-Shared                        | I. Technical Practice Extent Planned  |                                       |                         |
|                                     |                 |  |                         |                            |  |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                       |                                       |                         |
| 16. Needs Determination             |                 | A. Signature of Technical Service Provider |                         | B. Date                    | C. Affiliation                                   | D. Practice Control No.      | E. Date Referred   | F. Referral Expiration                | G. Needs Statement                    |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |
|                                     |                 |  |                         |                            |  |                              |  |                                       |                                       |                         |

# **Applicants should NOT start work before FSA approval**

For the EFRP purpose, a practice is considered started when a producer first:

- Purchases material for the practice
- Signs a contract
- Physically starts work on the project



# EFRP eligible damage



# EFRP-Debris removal followed by smoothing, seed and nutrients for wildlife





# **Eligible Practices**

- Removal of woody debris
- Skid trails to access damaged areas
- Wildlife habitat
- Tree planting where necessary
- Lime fertilizer and seed mix for erosion control
- Erosion control measures (water bars/ditches)
- Construction of landing areas

# Erosion damage on skid trail





# Erosion Damage Repaired



## EFPR cont.

Items eligible for financial assistance include the cost of any direct and significant factors necessary to perform the practice, such as:

- Labor
- Seeds, seedlings, or other new or used materials
- Sales tax
- Contractor services (equipment and labor)



# Debris removal: medium site work



# **Itemized statements shall include:**

- Dates of work performed
- Description of type of work performed
- Cost per hour charged for labor
- Type of equipment used
- Charges for equipment
- Type and cost of materials used
- Other applicable information

# Setting Expiration Dates

- Except for drought approvals, the County Committee shall establish realistic expiration dates of no more than 2 years for completing approved practices.

Questions?